

## **Engaging Managed Care Organizations (MCOs) in Improving Lead Screening Rates Amongst Medicaid Children**

### ***Background***

Rhode Island has one of the highest lead screening rates in the nation. Universal blood lead screening for Rhode Island children less than six years old has been mandatory since 1991. Under the same mandate, all results of blood lead testing must be reported to the Rhode Island Department of Health's Childhood Lead Poisoning Prevention Program. This unit is responsible for maintaining a surveillance database that contains over 99% of available childhood blood lead screening data for the state.

Rhode Island established a Medicaid managed care system under an 1115 waiver framework in 1994. Three Medicaid managed care organizations (MCOs) were formed. MCOs in Rhode Island are required to assure that at least 80% of all 18-month-old children enrolled in their plan are screened for lead poisoning. MCOs traditionally track reimbursement claims for services rendered to enrollees. However, for a variety of reasons, claims data vastly underestimates the actual lead screening rates for each managed care plan.

In November 2000, managed care organizations and the Rhode Island Department of Health formed a partnership designed to facilitate sharing of childhood blood lead level data. A workgroup was formed consisting of representatives from the Department Lead Program and MCOs. The mutual goal was to improve the ability to determine which children have been screened and thus be positioned to formulate strategies to screen the remaining children who were eligible for screening but were not tested.

### **Core Components**

- 1) On a quarterly basis, children enrolled in participating MCOs who are 24 to 26 months of age and have no claim records for a lead screening are identified.
- 2) The list of children without a screening claim is provided to the Department of Health and electronically matched against its lead poisoning surveillance database. Matches are made automatically if first name, last name, and date of birth are identical. Non-matches are reviewed by hand and additional matches made.
- 3) A list of children who also have no screening record in the surveillance database is returned to the MCO. The MCO then contacts each child's primary care provider and asks if the child has been screened, if the office will follow-up, or if additional interventions are needed.
- 4) When the children are 28 to 30 months of age, a final data comparison is made to identify all additional children that have been screened as a result of this intervention.

The Lead Program provides technical assistance in the form of project oversight, data management and analysis, and report generation. MCOs receive lists of unscreened children, perform a comparison against their records, forward the information to primary care providers for assessment and intervention, and report outcomes to the Lead Program.

### ***Results***

In Rhode Island, a baseline 82.5% of children was screened for lead poisoning by 30 months of age. Following implementation of the collaborative intervention outlined above, the lead poisoning screening rate for children up to 30 months of age was 88%. See chart on reverse. These results highlight the importance establishing and maintaining effective strategic partnerships.

### ***Contact information***

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